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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory Kansas

CASE MANAGEMENT SERVICES

- A. Target Group: All Medicaid recipients except Medicare/Medicaid (dual) beneficiaries, adult care home residents and foster care recipients.
- B. Areas of State in which services will be provided:
- ☐ Entire State
- ☒ Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than statewide:
- Douglas County
Johnson County
Leavenworth County
Saline County
Sedgwick County
Shawnee County
Wyandotte County
- C. Comparability of Services
- ☒ Services are provided in accordance with section 1902(a)(10)(B) of the Act.
- ☐ Services are not comparable in amount, duration and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.
- D. Definition of Services:
- Case management services consist of primary medical care, and the responsibility for authorizing, locating, coordinating and monitoring all medical care for assigned recipients.
- E. Qualification of Providers:
- Case managers must be physicians licensed to practice medicine in Kansas, and be enrolled as a provider in the Kansas Medicaid Program in one of the following provider specialties: Family Practice, General Practice, Internal Medicine, Obstetrics/Gynecology, Pediatrics or Osteopathy.

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- F. The state assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.
1. Eligible recipients will have free choice of the providers of case management services.
 2. Eligible recipients will have free choice of the providers of other medical care under the plan.
- G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

This page is not applicable to Kansas because case management services are provided in accordance with a 1915 (b) waiver.

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19 STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT (2)

State/Territory: Kansas

CASE MANAGEMENT SERVICES

A. Target Group:

Persons who have been identified as long-term mentally ill as defined by the NIMH definition.

B. Areas of State in which services will be provided:

☒ Entire State.

☐ Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide.

C. Comparability of Services:

☒ Services are provided in accordance with section 1902(a)(10)(B) of the Act.

☐ Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

D. Definition of Services:

Mental health targeted case management services are those services identified in a treatment plan approved by the physician which are provided to assist in resolving or minimizing the effects of a recipient's mental or emotional impairment for which clinical and/or hospital services have previously been provided. Mental health targeted case management services assist with gaining access to needed medical, social, educational and other services identified as necessary in the treatment plan.

E. Qualification of Providers:

Case management services are provided by those who are capable of insuring that the individuals receive needed services (community mental health centers and Medicaid-approved providers of partial hospitalization services).

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- F. The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.
1. Eligible recipients will have free choice of the providers of case management services.
 2. Eligible recipients will have free choice of the providers of other medical care under the plan.
- G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

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19 STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT (3)

State/Territory: Kansas

CASE MANAGEMENT SERVICES

A. Target Group:

The target group consists of children participating in the Kan Be Healthy Program and who are technology dependent. These individuals are under the age of 22 and require daily ongoing medical care and monitoring by trained medical personnel because of chronic disability. The chronic disability must require the routine use of a medical device to compensate for the loss of respiratory function or require the need for total parenteral nutrition.

B. Areas of State in which services will be provided:

☒ Entire State.

☐ Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide:

C. Comparability of Services:

☒ Services are provided in accordance with section 1902(a)(10)(B) of the Act.

☐ Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

D. Definition of Services:

Case management services for technology dependent children consist of referral for assessment, referral for treatment based upon the assessment, and the locating, coordinating and monitoring of the provision of services.

E. Qualification of Providers:

Providers of case management services for technology dependent children must be advanced registered nurse practitioners.

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State/Territory: Kansas

- F. The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.
1. Eligible recipients will have free choice of the providers of case management services.
 2. Eligible recipients will have free choice of the providers of other medical care under the plan.
- G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Kansas

CASE MANAGEMENT SERVICES

A. Target Group:

The target group consists of eligible Medicaid recipients under 1915(g) of P.L. 99-272, COBRA, with at least one prior hospitalization for a high risk, high cost condition, and not eligible for any other Medicaid case management services except the Primary Care Network (PCN). Selection of high risk recipients to receive case management services shall be in accordance with predictors of high cost care as determined by the provider and approved by the State. Case management services for Medicaid eligibles consist of assessment, linkage with identified services needed, including delivery of and/or locating and coordination of services by case managers.

B. Comparability of Services:

☐ Services are provided in accordance with section 1902(a)(10)(B) of the Act.

☒ Sections are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

C. Area of State in which services will be provided:

☐ Entire State.

☒ Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide): Sedgwick County, Kansas.

D. Freedom of Choice:

The state assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible recipients will have free choice of the providers of case management services. Recipients can choose to participate or not; should they choose not to participate, they can rely on their PCN or regular physician.

2. Eligible recipients will have free choice of the providers of other medical care under the plan unless restricted by the PCN program.

E. Qualification of Providers:

Providers of case management services must be a hospital organization employing bachelor-prepared registered nurses with home health and medical surgical nursing experience beyond attainment of the degree, in addition to either the teaching of, or completion of a course in case management. The organization shall have a minimum of two years of past experience with providing case management services, and be available twenty-four hours per day to recipients.

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F. Nonduplication of Payments:

Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose. This service shall not supplant discharge planning services covered by the DRG payment for hospital stays. Service shall not include referrals typically given by Primary Care Network providers.

G. Differentiation Between Targeted Case Management Services and Case Management Type Activities for which Administrative Federal Match May Be Claimed:

Case management services for high-risk prior hospitalized individuals will be paid at the Medicaid service match rate.

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KANSAS MEDICAID STATE PLAN

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Kansas

A. Target Group

Persons with mental retardation or other developmental disabilities excluding persons living in private or state operated ICFs/MR or nursing homes except for the purposes of providing pre-placement planning services thirty days prior to placement.

Mental Retardation means substantial limitations in present functioning that is manifested during the period from birth to 18 years and is characterized by a significantly sub-average intellectual functioning existing concurrently with deficits in adaptive behavior including limitations in two or more of the following applicable adaptive skill areas: communication, self-care, home living, social skills, community use, self-direction, health and safety, functional academics, leisure or work.

Developmental disabilities means a condition such as autism, cerebral palsy, epilepsy or other similar physical or mental impairment and is evidenced by a severe, chronic disability which: is attributable to a mental or physical impairment or a combination of mental and physical impairments; is manifested before the age of 22; is likely to continue indefinitely; reflects a need for a combination and sequence of special, interdisciplinary or generic services, treatment or other services which are lifelong, or extended in duration and are individually planned and coordinated; and results in substantial functional limitations in any three of the following areas - self-care, understanding and the use of language, learning and adapting, mobility, self-direction in setting goals and undertaking activities to accomplish those goals, living independently and economic self-sufficiency. Developmental disabilities does not include individuals who are solely severely emotionally disturbed or seriously and persistently mentally ill or have disabilities as a result of infirmities of aging.

B. Areas of State in which services will be provided:

☒ Entire State

☐ Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide.)

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State/Territory: Kansas

C. Comparability of Services

X Services are provided in accordance with section 1902 (a)(10)(B) of the Act.

 Services are not comparable in amount, duration and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

D. Definition of Services:

Case Management for persons with mental retardation or other developmental disabilities provides support to eligible persons by developing, linking, coordinating and monitoring services, supports and resources. The goals of case management are to: 1) promote maximum independence and successful inclusion into community living; 2) minimize individual's reliance on exclusionary services; 3) maintain accountability and continuity of services and supports to individuals and their families for as long as services are required.

E. Qualifications of Providers:

Case Management services are provided by those who are capable of insuring that the individuals receive needed services. These are Community Developmental Disability Organizations and qualified affiliates.

F. The state assures that the provisions of Case Management services will not restrict an individual's free choice of providers in violation of section 1902 (a)(23) of the Act.

1. Eligible consumers will have free choice of the providers of case management services.
2. Eligible consumers will have free choice of the providers of other medical care under this plan.

G. Payment for Case Management services under the plan does not duplicate payments made to public or private entities under other program authorities for this same purpose.

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